

P95000025665

March 15, 1995.

Florida Department of State
Jim Smith
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

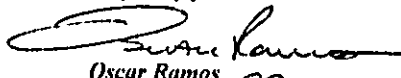
RECEIVED
DEPT. OF STATE
MARCH 28 PM 1:58

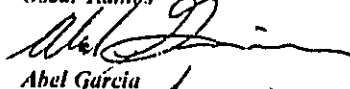
Re: Articles of Incorporation for
O.V.A. TRADING INTERNATIONAL, INC.

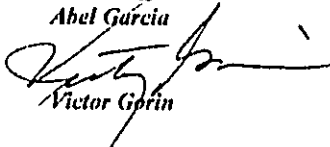
Dear Sir/Madam:

Please be advised that I am familiar and except the duties and responsibilities as registered agent's of
O.V.A. TRADING INTERNATIONAL, INC.

Very truly yours,


Oscar Ramos


Abel Garcia


Victor Gorin

900001442029
-03/28/95--01134--003
***124.00 ***124.00

SDC

**ARTICLES OF INCORPORATION
OF
O.V.A. TRADING INTERNATIONAL, INC.**

55 MAR 28 PM 1:58

OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED subscriber to these Articles of Incorporation, being competent to contract, hereby a CORPORATION under the laws of the State of Florida.

ARTICLE ONE - NAME

THE NAME of the CORPORATION shall be: O.V.A. TRADING INTERNATIONAL, INC.

The principal place of business shall be:

8235 N.W. 64TH STREET
Miami, FL 33166

ARTICLE TWO - NATURE OF BUSINESS

THE NATURE of the business is to be an export an consolidating business. This business will engage in all activities associated with an Export Company. Additionally, this corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States of America, the State of Florida, County, Territory, or Nation.

ARTICLE THREE - CAPITAL STOCK

THE MAXIMUM number of shares that this CORPORATION is authorized to have outstanding at any time 500 (Five Hundred) shares of common stock having or possessing a par value of \$1.00 (One Dollar) per share.

ARTICLE FOUR - REGISTERED AGENT AND OFFICE

The street address of the initial registered office of this CORPORATION shall be :

**8235 N.W. 64TH. STREET
MIAMI, FL. 33166**

The name of initial registered agent of this CORPORATION shall be:

ABEL GARCIA

ARTICLE FIVE - TERMS OF EXISTANCE

The CORPORATION shall exist perpetually.

ARTICLE SIX - OFFICERS AND DIRECTORS

This CORPORATION shall have one (1) Officer and one (1) Director initially. The name and street address of the initial Officer and Director who shall hold office for the first year of the CORPORATION, or until their successor (s) is/are elected:

**ABEL GARCIA
1033 S.W. 142ND. AVE.
MIAMI, FL. 33184**

ARTICLE SEVEN - SUBSCRIBERS

The names and addresses of the Subscriber (s) to these Articles of Incorporation are:

*Subscriber: Oscar Ramos
18134 S.W. 5th. Court
Pembroke Pines, FL 33029*

*Abel Garcia
1033 S.W. 142nd. Ave.
Miami, FL 33184*

*Victor Gorin
16521 N.W. 5th. Street
Pembroke Pines, FL 33028*


*Shares: 500 (Five Hundred)
\$1.00 (One Dollar) par value*

Consideration: \$500.00 (Five Hundred Dollars)

ARTICLE EIGHT - AMENDMENTS

These Articles of Incorporation may be amended in the manner prescribed by/in Florida Statutes. Every Amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved at a Stockholders meeting by a majority of the Stockholders entitled to vote thereon. However, in lieu of the above described procedure, an Amendment may be made by a written instrument signed by all Directors and Stockholders of the Corporation.

IN WITNESS WHEREOF, the undersigned subscriber (s) has/have executed these Articles of Incorporation this 21 day of MARCH in the year 95.


SUBSCRIBER- OSCAR RAMOS


SUBSCRIBER- ABEL GARCIA


SUBSCRIBER- VICTOR GORIN

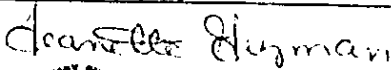

STATE OF FLORIDA:

COUNTY OF DADE:

Before me, a Notary Public authorized to take acknowledgements in the State of Florida, Dade County, personally appeared OSCAR RAMOS, Abel Garcia, and Victor Gorin KNOWN by me to be who executed the foregoing Articles of Incorporation and heacknowledged before me that he did execute these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixe my official seal this 21 day of MARCH, in the year 1995.

My Commission Expires:
21 1998



JEANETTE GUZMAN
My Commission CC342015
Expires Feb. 01, 1998
Bonded by HAI
800-422-1555

NOTARY PUBLIC - STATE OF FLORIDA

March 15, 1995.

Florida Department of State
Jim Smith
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

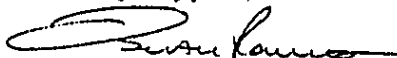
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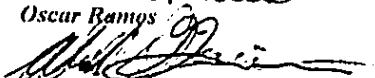
Re: Articles of Incorporation for
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Dear Sir/Madam:

Please be advised that I am famillary and except the duties and responsibilities as registered agent's of
O.V.A. TRADING INTERNATIONAL, INC.

Very truly yours,


Oscar Ramos


Abel Garcia


Victor Gorin

900001442029
-03/28/95--01134--003
***124.00 ***124.00

SDC

P95000025665

APPLICATION FOR REFUND FROM STATE OF FLORIDA

Pursuant to the provisions of Section 215.26, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

Name: Victor L. Linn

Address: 16521 NW 5th St
Pembroke Pines FL 33028

Amount: \$87.00 O.V.A. TRADING INTERNATIONAL, INC. (CHARTER #P94000025665)

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

Reason for Claim: Records indicate that I'm not an officer or agent

Section: Amendment Clerk: L. Jackson Date Processed: Aug 1, 1995

CERTIFIED TRUE AND CORRECT this 24 day of July, 19 91.

[Signature]
Signature

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection: _____

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim.
The amount recommended \$ 87.50.

The amount requested above was originally deposited into the State Treasury. State Treasurer's Receipt # 01023 - 005, Dated 6-16-95.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE																			
4	5	2	0	2	1	3	0	0	0	1	4	5	3	0	0	0	0	0	0

Statutory Authority for Collection 607.0122

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE																			
4	5	2	0	2	1	3	0	0	0	1	4	5	3	0	0	0	0	0	0

Certified True and Correct this _____ day of _____, 19 ____.

Dept. of State, Div. of Corporations
Agency

Authorized Signature and Title

Section 215.26 states, in part: "Application for refund as provided by this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is interpreted as meaning three years from the date of payment into the State Treasury.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 18, 1995

Victor Gorin
% PC WHOLESALE
2115 NW 84th Avenue
Miami, FL 33122-1516

SUBJECT: O.V.A. TRADING INTERNATIONAL, INC.
Ref. Number: P95000025665

We have received your document for O.V.A. TRADING INTERNATIONAL, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records do not indicate that you are an officer, director, or registered agent of the subject corporation. Therefore, no resignation is required.

Enclosed is an application for refund.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 095A00034264



2115 NW 84th Avenue, Miami, FL 33122-1516

700001514927
-06/16/95--01023--005
****157.50 ****487.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in
 ☐ Pick up time _____
 ☐ Certified Copy
☐ Mail out
 ☐ Will wait
 ☐ Photocopy
 ☐ Certificate of Status

NEW FILINGS		AMENDMENTS	
<input type="checkbox"/>	Profit	<input type="checkbox"/>	Amendment
<input type="checkbox"/>	NonProfit	<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Limited Liability	<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Domestication	<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other	<input type="checkbox"/>	Merger

OTHER FILINGS		REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Annual Report	<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Fictitious Name	<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Name Reservation	<input type="checkbox"/>	Reinstatement
		<input type="checkbox"/>	Trademark
		<input type="checkbox"/>	Other

Examiner's Initials _____

P9500002565

APPLICATION FOR REFUND FROM STATE OF FLORIDA

Pursuant to the provisions of Section 215.26, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

Name: VICTOR FORIN

Address: 16521 NW 5th St
Ken Boker Pines FL 33025

Amount: \$35.00 O.V.A. TRADING INTERNATIONAL, INC. (CHARTER #P95000025665)

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

Reason for Claim: Records indicate that I'm not an officer or Agent.

Section: Amendment Clerk: L. Jackson Date Processed: Aug. 1, 1995

CERTIFIED TRUE AND CORRECT this 24 day of July

19 91

[Signature]
Signature

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection: _____

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim.
The amount recommended \$ 35.00

The amount requested above was originally deposited into the State Treasury. State Treasurer's Receipt # 01023 - 005, Dated 6-16-95.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE																			
4	5	2	0	2	1	3	0	0	0	1	4	5	3	0	0	0	0	0	0

Statutory Authority for Collection 607.0122

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE																			
4	5	2	0	2	1	3	0	0	0	1	4	5	3	0	0	0	0	2	2

Certified True and Correct this _____ day of _____, 19 ____.

Dept. of State, Div. of Corporations
Agency

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2115 NW 84th Avenue, Miami, FL 33122-1516

300001514928
-06/16/95--01023--005
157.50 *35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

789, 701, 581, 708, 671*



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
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Corporate Specialist Supervisor

Letter Number: 295A00034265